



Kentucky Drug Court Exit ASI

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Version 3.0

Adapted from McLellan, A., Luborsky, L., O'Brien, C., & Woody, G. (1980) An improved diagnostic instrument for substance abuse patients: The addiction severity index. Journal of Nervous and Mental Diseases, 168, 26-33.
McLellan, A., Kushner, H., Metzger, D., Peters, F., Smith, I., Grissom, G., Pettinati, H., & Argeriou, M. (1992). The fifth edition of the addiction severity index. Journal of Substance Abuse Treatment, 9, 199-213. Brown, E., Frank, D., & Friedman, A. (1997). Supplementary Administration Manual for the Expanded Female Version of the Addiction Severity Index (ASI) Instrument The ASI-F. US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. DHHS Publication Number 96-8056.

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Kentucky Drug Court Exit ASI

April 2001

Date of Assessment __ __/__ __/__ __ __ __

Time assessment begun __ __: __ __ 1=a.m. 2= p.m.

Interviewer: _____

Drug Court Site: _____

Locator Information

The first section asks about your contact information so we can keep in touch with you in the future.

1. Client Name _____, _____ MI
Last name First name

2. What is your current address? _____
Street address

City, State, Zip code

3. How long have you lived at this address? _____ Years

4. Is your current residence owned by you or your family? 0=NO 1=YES

5. What is your best mailing address? _____
Street address

City, State, Zip code

6a. What is the best phone number to reach you? (_____) _____

6a1. Who else might answer that phone?

Full name: _____ Relationship _____

Full name: _____ Relationship _____

6b. Is there another number that you may be reached at? (_____) _____

6b1. Who else might answer that phone?

Full name: _____ Relationship _____

Full name: _____ Relationship _____

7. Do you currently work or know where you plan to work in the near future?

0=NO ➡ ***If NO, Skip to Question # 11***

1=YES

8. What is the name of the place you work or plan to work? _____

9. What is your work phone number? (_____) _____

10. Work address _____
Street address

City, State, Zip code

11. Do you plan on moving within the next year?

0=NO ➡ ***If NO, Skip to Question # 16***

1=YES

12. What county, state, city do you plan to move to? _____

13. Do you know your new address? _____
Street address

City, State, Zip code

14. Do you know your new phone number? (_____) _____

15. Is there any other information that will help us locate you in your new area?

16. Please tell me the name of your mother or grandmother or other close relative that usually knows where you are or that you maintain regular contact with:

A) Full name: _____
First Middle Last

Address: _____
Street City ST Zip

Phone: (_____) _____ Relationship _____

17. Do you have any other relatives or friends who usually know how to reach you?

B) Full name: _____
First Middle Last

Address: _____
Street City ST Zip

Phone: (_____) _____ Relationship _____

18. *Interviewer comments on client locator information:*

Medical & Mental Health Information

The following questions ask about your medical and mental health history.

1. How many times, since entering the Drug Court program have you been hospitalized for medical problems? *(Include ODs and DTs; Exclude birth of a child)*

_____times

2. Do you have any chronic medical problems that have developed since entering the Drug Court program?

0=NO

1=YES; **IF YES**, what? _____

3. Have you had any of the following health problems since entering the Drug Court program?

HEALTH PROBLEMS	0=NO	1=YES
Hepatitis (B, C)	0	1
Chlamydia (NGU)	0	1
Syphilis	0	1
Gonorrhea (GC, clap, dose)	0	1
Pelvic Inflammatory Disease (PID)	0	1
Genital Warts (HPV, venereal warts)	0	1
HIV+	0	1
AIDS	0	1

4. Have you ever had a fit or seizure since entering the Drug Court Program?

0=NO

1=YES

5. Are you taking any prescribed medication on a regular basis for a physical problem?

0=NO

1= YES; **IF YES**, what? _____
(If there are multiple answers please separate by commas)

6. Do you receive a pension for a physical disability? *(Exclude psychiatric disability)*

0=NO

1= YES; **IF YES**, why? _____
(If there are multiple answers please separate by commas)

7. Do you smoke cigarettes?

0=NO ➡ ***If NO, Skip to Question # 9***

1=YES

8. On average, about how many cigarettes did you smoke a day in the last 30 days?

_____cigarettes

9. Do you sleep past 11 a.m. most days?

0=NO

1=YES, ***If YES***, is this because of your working hours? 0=NO 1=YES

10. How many **months**, in the **past year**, have you been covered by any type of health insurance, including Medicaid/Medicare?

_____months ➡ ***IF 0, Skip to Question # 12***

11. Which of the following best describes the type(s) of health insurance or health programs you are/were covered by?

	0=NO	1=YES
11a. Employer provided Health insurance	0	1
11b. Private health insurance	0	1
11c. MEDICAID (a public assistance program that pays for medical care)	0	1
11d. MEDICARE (a public health insurance program for person 65 and older and for certain disabled persons)	0	1
11e. VA/CHAMPUS (a series of public health programs for active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors)	0	1
11f. Other insurance, specify:	0	1

12. How many days have you experienced medical problems in the past 30? (*Not pregnancy related*)

_____days

13. How troubled or bothered have you been by medical problems in the past 30 days?

0=Not at all

1=Slightly

2=Moderately

3=Considerably

4=Extremely

14. How many times have you been treated for any psychological or emotional problems in a hospital since entering the Drug Court program?

_____times

15. How many times have you been treated as an outpatient for psychological or emotional problems since entering the Drug Court program (*Not including any services directly provided by the Drug Court program*)?

_____times

16. Do you receive a pension for a psychiatric disability? 0=NO 1=YES

17. Have you been prescribed medication for any psychological emotional problem since entering Drug Court?

0=NO

1=YES; **IF YES**, What? _____
(If there are multiple answers please separate by commas)

18. Have you had a significant period in the past 30 days in which you:

	PAST 30 DAYS 0=NO 1=YES	
Experienced serious depression?	0	1
Experienced serious anxiety or tension?	0	1
Experienced hallucinations?	0	1
Experienced trouble understanding, concentrating, or remembering?	0	1
Experienced trouble controlling violent behavior?	0	1
Experienced thoughts of suicide?	0	1
Attempted suicide?	0	1
Experienced anorexia, bulimia, or other eating disorders?	0	1

19. In the past 30 days, to what degree have you been bothered by:

	0=NOT AT ALL	1=A LITTLE	2=SOMEWHAT	3=A LOT
Sexual harassment	0	1	2	3
Emotional abuse	0	1	2	3
Physical abuse	0	1	2	3
Sexual abuse/rape	0	1	2	3

20. How many days in the past 30 have you experienced psychological problems?

_____days

21. How much have you been troubled or bothered by psychological or emotional problems in the past 30 days?

0=Not at all

1=Slightly

2=Moderately

3=Considerably

4=Extremely

Interviewer Ratings for Medical and/or Mental Health Information

22. How would you (interviewer) rate the client's need for medical treatment? (circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem

6 – 7 =Considerable problem 8 – 9 =Extreme problem

23. How would you (interviewer) rate the client's need for psychiatric/psychological treatment? (circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem

6 – 7 =Considerable problem 8 – 9 =Extreme problem

24. Interviewer comments on medical and/or mental health information:

Education/Employment and Legal Information

The following questions ask about your education and employment history.

1. How many years of education have you completed? (GED=12 years) _____ years

2. How many months of training or technical education have you completed since entering the Drug Court program?

_____ months

3. Do you have a profession, trade, or skill?

0=NO

1=YES; **IF YES**, what? _____

(If there are multiple answers please separate by commas)

4. Do you have a valid driver's license?

0=NO; **IF NO**, Why Not? _____

1=YES

5. Do you have an automobile available for use? 0=NO 1=YES

6. Are you currently employed?

0=NO ➡ **Go to Question # 7a**

1=YES ➡ **Go to Question # 7b**

7a. How long was your last job? _____ years _____ months

7b. How long have you worked at your current job? _____ years _____ months

8. Is (was) this job: 1=Full time 2=Part-time 3=Other

9. What type of job is (was) it?

- 01 **Professional and technical** (accountant, architect, engineer, lawyer or judge, scientist, doctor, registered nurse, teacher, social worker, writer, entertainer, drafts person)
- 02 **Manager and administrator** (office manager, sales manager, school administrator, government official, small business owner)
- 03 **Sales** (sales representative, insurance agent, real estate broker, bond sales person, sales clerk or other sales people, cashier)
- 04 **Clerical or office worker** (bank teller, bookkeeper, secretary, file clerk, typist, postal clerk or carrier, ticket agent)
- 05 **Craft and kindred** (baker, carpenter, electrician, bricklayer, mechanic, machinist, tool and die maker, telephone installer)
- 06 **Operative** (assembler, checker, gas station attendant, meat cutter, packer, laundry and dry-cleaning operator, miner, welder, garage worker).
- 07 **Transportation equipment operative** (bus or cab driver, chauffeur, truck driver, delivery person)
- 08 **Non-farm laborer** (construction, freight handler, sanitation worker, car washer, yard worker, odd-job person)
- 09 **Private household worker** (maid, butler, cook)
- 10 **Service worker** (cook, waiter, barber, janitor, practical nurse, caretaker for children, day care worker, beautician, police officer, firefighter)
- 11 **Farmer or farm manager.**
- 12 **Farm laborer** (field boss, picker)
- 13 **Military service**
- 14 **Other**
- 99 **Never had a job**

10. When did you start? _____
MM/YYYY

11. When did you leave? _____ **➡ If 00, Skip to Question # 13**
MM/YYYY (Code 00 if currently at this job)

12. Reason for leaving :

- | | |
|---------------------------|---------------------------|
| 1=Haven't left job yet | 2=Not enough money |
| 3=Laid off | 4=Injury |
| 5=Illness (self) | 6=Illness (family member) |
| 7=Lack of childcare | 8=Pregnant (had baby) |
| 9=Went back to school | 10=Problem with boss |
| 11=Problems w/ co-workers | 12=No health benefits |
| 13=Transportation | 14=Offered better job |
| 15=Didn't like job | 16=Other |

13. Does someone contribute to your support in any way?

- 0=NO **➡ If NO, Skip to Question # 16**
- 1=YES

14. Who is the person who contributes the most to your support?

- | | |
|------------------|------------------------|
| 1=Spouse/partner | 2=Parent/foster parent |
| 3=Brother/sister | 4=Grandparent |
| 5=Other relative | 6=Unrelated other |
| 7=Not applicable | |

15. Does the support from [insert answer to Question # 14] constitute the majority of your support?

- 0=NO 1=YES

16. What has your usual employment pattern been the past year?

- | | |
|-----------------------------|--------------------|
| 1=Full-time (35 hrs/week) | 2=Part-time |
| 3=Student | 4=Service/Military |
| 5=Retired/Disability | 6=Unemployed |
| 7=In controlled environment | |

17. Including “under the table work,” how many days were you paid for working in the past 30 days?

_____ days

18. How much money did you receive from the following sources in the past 30 days?

SOURCES	\$ AMOUNT
Employment (net income)	
Unemployment compensation	
Welfare (DPA) (AFDC)	
WIC	
Food stamps	
Pension, benefits, or social security	
Mate, family, friends, child support	
Illegal activities	

19. How many people depend on you for the majority of their food, shelter, etc?

_____ people

20. How many days have you experienced employment problems in the past 30 days?

_____ days

21. How troubled or bothered have you been by employment problems in the past 30 days?

0=Not at all 1=Slightly 2=Moderately
3=Considerably 4=Extremely

27. How serious do you feel your present legal problems are? (*Exclude civil problems*)

0=Not at all 1=Slightly 2=Moderately
3=Considerably 4=Extremely

Interviewer Ratings for Education/Employment and Legal Information

28. How would you (interviewer) rate the client's need for employment or support counseling? (circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem
6 – 7 =Considerable problem 8 – 9 =Extreme problem

29. How would you (interviewer) rate the client's need for legal counseling? (circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem
6 – 7 =Considerable problem 8 – 9 =Extreme problem

30. Interviewer comments on employment and education information:

Family/Social History Information

The following questions ask about your family and social history.

1. What is your current marital status?

1=Married

2=Remarried

3=Widowed

4=Separated

5=Divorced

6=Never Married

2. How long have you been in this current marital status (If never married, estimate time since 18 years old)?

_____ Years _____ Months

3. Are you satisfied with marital status?

0=NO

1=YES

2= Indifferent

4. How many times have you been married since entering Drug Court? _____times

5. How many times have you been divorced since entering Drug Court? _____times

6. How many different sexual partners have you lived with that you were not married to since entering Drug Court?

_____partners

7. What have your usual living arrangements been in the past year?

1=With sexual partner and children

2=With sexual partner alone

3=With children alone

4= With parents

5=With family

6=With friends

7=Alone

8=In a controlled environment like jail or hospital

9=No stable arrangements (*include shelter*)

8. How long have you lived in these usual living arrangements? (*If living with parents or family and always has estimate time since 18 years old*)

_____ years _____ months

9. Are satisfied with these living arrangements, with the people you are living with?

0=NO

1= YES

2=Indifferent

10. Do you live with anyone that has a drug and/or alcohol problem?

0=NO

1=YES

11. How many close friends do you have?

_____ friends

12. How many days in the past 30 have you had serious conflicts (problems which threaten your relationship):

a. With family members?

_____ days

b. With other people (excluding family)?

_____ days

13. How troubled or bothered have you been in the past 30 days by family problems?

0=Not at all

1=Slightly

2=Moderately

3=Considerably

4=Extremely

14. How troubled or bothered have you been in the past 30 days by social problems?

0=Not at all

1=Slightly

2=Moderately

3=Considerably

4=Extremely

15a. *If Female ask* “How many times have you been pregnant since entering the Drug Court program?”

_____times ➡ *If 0, Skip to Question # 21*

15b. *If Male ask* “How many pregnancies have you been responsible for since entering the Drug Court program?”

_____pregnancies ➡ *If 0, Skip to Question # 21*

16. How many of those pregnancies resulted in a live birth?

_____pregnancies ➡ *If 0, Skip to Question # 22*

17. How many total children do currently you have? _____children

18. Starting with the youngest child, please answer the following:

INSTRUCTIONS FOR TABLE

- A. What is the gender of this child? (*Circle one*) 1=Male 2=Female
- B. What is the birth date of this child? (*record date of birth*)
- C. Who does this child live with? (*record number corresponding to answer*)
 0=Respondent 1=Other parent 2=Other family member
 3=Friend 4= Step parent 5=Foster care
 6=Adopted 7=Institution 8=Deceased
 9=Lost custody 10=Other 11=Not applicable
- D. What is the legal custody status of this child? (*record number corresponding to answer*)
 1=Joint—Mother primary 2=Joint—Father primary 3=Joint—Equal
 4=Sole mother 5=Sole father 6=Other family
 7=Friend 8=Ward of the state 9=Other
- E. How many days per month, on average, do you see this child? (*record number of days*)
- F. Do you pay child support for this child? (*record number corresponding to answer*)
 1=YES, court ordered 2=YES, not court ordered
 3=NO, court ordered 4=NO, not court ordered
 5=NOT APPLICABLE

START W/ YOUNGEST CHILDREN	A CHILDS GENDER	B CHILDS DOB MM/DD/YYYY	C WHO DOES CHILD LIVE WITH?	D LEGAL CUSTODY STATUS?	E VISITS W/ CLIENT #DAYS/MONTH?	F DOES CLIENT PAY CHILD SUPPORT?
Child1	1 2					
Child2	1 2					
Child3	1 2					
Child4	1 2					
Child5	1 2					
Child6	1 2					
Child7	1 2					
Child8	1 2					
Child9	1 2					
Child10	1 2					

19. How much child support are you ordered to pay per month? \$_____

20. How much child support are you actually paying per month? \$_____

21. Are there other children living with you now that you take care of?

0=NO ➡ *If NO, Skip to Question # 22*

1=YES

21a. If yes, list their gender and birth date:

DEPENDANTS	GENDER		DOB MM/DD/YYYY
	1=MALE	2=FEMALE	
Dependant1	1	2	
Dependant2	1	2	
Dependant3	1	2	

Interviewer Ratings for Family and Social History Information

22. How would you (interviewer) rate the client's need for family and/or social counseling? (circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem

6 – 7 =Considerable problem 8 – 9 =Extreme problem

23. Interviewer comments on family and/or social history information:

Final Comments: